

Parent/Guardian Consent

Being the parent or duly constituted guardian, I hereby consent to his/her participation in this Gwinnett County approved intramural program. Furthermore, I acknowledge with any physical activity there is risk injury.

Parent/guardian signature _____

Student name _____

Student Participation Agreement

I (student) _____ agree to abide by the following rules during intramurals and understand that participation is a privilege. (1) I will obtain permission from a supervisor to leave the gym for any reason. (2) I will assist in returning equipment, mats, etc. to the storage area before leaving the gym. (3) I will not participate in any misconduct or unsafe behavior. (4) I will respect others and school property. I understand that failure to obey the above rules will result in loss of intramural privileges.

Student signature _____

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Fall Schedule

Aug. 27 - 6/7	basketball	Oct. 1 - 6/7/8 th	volleyball
28 - 8 th	basketball	2 - 6/7 th	basketball
29 - 6,7,8 th	soccer	3 - 8 th	soccer
30 - 6/7/8 th	floor hockey	4 - 8 th	soccer
Sep. 4 - 6/7/8 th	volleyball	8 - 6/7/8 th	floor hockey
5 - 7/8 th	basketball	9 - 6/7 th	soccer
6 - 6 th	basketball	10 - 8 th	soccer
10 - 6/7/8 th	soccer	11 - 8 th	basketball
11 - 6/7/8 th	volleyball	16 - 6/7/8 th	floor hockey
12 - 7/8 th	soccer	17 - 6/7 th	basketball
13 - 7/8 th	basketball	18 - 6/7 th	soccer
17 - 6/7/8 th	floor hockey		
18 - 6 th	basketball		
19 - 7/8 th	basketball		
20 - 6/7/8 th	soccer		
24 - 6/7/8 th	volleyball		
25 - 6/7/8 th	floor hockey		
26 - 6/7/8 th	soccer		
27 - 6/7/8 th	basketball		